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APPLICATION NUMBER	FILING OR 371 (c) DATE	FIRST NAMED APPLICANT	ATTY. DOCKET NO./TITLE
10/072,308	02/05/2002	Edgardo Laborde	TLIK-046/01US

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CONFIRMATION NO. 9701



OC000000015758801

Date Mailed: 04/15/2005

NOTICE OF ACCEPTANCE OF POWER OF ATTORNEY

This is in response to the Power of Attorney filed 02/18/2005.

The Power of Attorney in this application is accepted. Correspondence in this application will be mailed to the above address as provided by 37 CFR 1.33.

JOHN INGRAM
 PUBS ()-

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APPLICATION NUMBER	FILING OR 371 (c) DATE	FIRST NAMED APPLICANT	ATTY. DOCKET NO./TITLE
10/072,308	02/05/2002	Edgardo Laborde	25352-0027

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CONFIRMATION NO. 9701



OC000000015758771

Date Mailed: 04/15/2005

NOTICE REGARDING CHANGE OF POWER OF ATTORNEY

This is in response to the Power of Attorney filed 02/18/2005.

- The Power of Attorney to you in this application has been revoked by the assignee who has intervened as provided by 37 CFR 3.71. Future correspondence will be mailed to the new address of record(37 CFR 1.33).

JOHN INGRAM
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Bib Data Sheet

CONFIRMATION NO. 9701

SERIAL NUMBER 10/072,308	FILING OR 371(c) DATE 02/05/2002 RULE	CLASS 514	GROUP ART UNIT 1624	ATTORNEY DOCKET NO. TLIK-046/01US
APPLICANTS Edgardo Laborde, Foster City, CA; Hugo O. Villar, La Jolla, CA;				
** CONTINUING DATA ***** This appln claims benefit of 60/267,894 02/09/2001				
** FOREIGN APPLICATIONS *****				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 04/03/2002				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged		STATE OR COUNTRY CA	SHEETS DRAWING 0	TOTAL CLAIMS 28
Examiner's Signature _____ Initials _____		INDEPENDENT CLAIMS 2		
ADDRESS 23419				
TITLE HETEROCYCLIC INHIBITORS OF GLYCINE TRANSPORTER 2				
FILING FEE RECEIVED 1314	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	